

**IOWA CERTIFIED LOCAL GOVERNMENT  
2009 ANNUAL REPORT**

NAME OF THE CITY, COUNTY, OR LAND USE DISTRICT: CITY OF COUNCIL BLUFFS

Mailing Address of the Mayor, Board of Supervisors, or Land Use District Trustees  
(PLEASE DO NOT GIVE MAILING ADDRESS OF STAFF OR COMMISSION CONTACT):

209 Pearl Street, Council Bluffs, IA 51503

Phone Number: 712-328-4601

Fax Number: N/A

Email: thanafan@councilbluffs-ia.gov

Website: www.councilbluffs-ia.gov

Section I.  
Locating Historic Properties  
Identification, Evaluation, and Registration Activity

CLG Standards found in CLG Agreement and National Historic Preservation Act

- ◆ The CLG shall maintain a system for the survey and inventory of historic and prehistoric properties in a manner consistent with and approved by the STATE.
- ◆ The CLG will review National Register nominations on any property that lies in the jurisdiction of the local historic preservation commission.

1. Please provide complete reports and site inventory forms from historic identification/survey, evaluation, and/or registration/nomination projects that the City, County, or Land Use District completed in 2009. Do not include projects that were funded with a CLG grant or mandated by the Section 106 review and compliance process.

**One residential neighborhood has been surveyed and evaluated. A National Register of Historic Places nomination has been prepared and is under review.**

2. How many NRHP Properties in your City, County, or LUD were altered, moved, or demolished in 2009? 12 properties

Please list in the space below those NRHP properties altered, moved or demolished:

**Altered: 106 West Broadway, 110 West Broadway, 116 West Broadway, 130 West Broadway, 144 West Broadway, 146 West Broadway, 154 West Broadway, 162 West Broadway, 164 West Broadway, 221 South Main Street, 229 South Main Street and 231 South Main Street.**

3. In 2009, how many additional properties (landmarks, sites, zones, or districts) did your city place on its list of locally designated historic landmarks and/or historic districts? Please attach a copy of each designation nomination and ordinance. 0

4. In 2009, were there any actions to revise, amend, change, or de-list a locally designated property? If so, how many? Please attach documentation of the review and appeal process and decisions made by the historic preservation commission, planning and zone commission, city Council, District Court or other governmental agency or official involved with the process. NA

## Section II Managing, Protecting, and Preserving Historic Properties

- ◆ The CLG will enforce all appropriate state and local ordinances for designating and protecting historic properties
- ◆ The CLG shall provide for adequate public participation in the local historic preservation programs

5. Did your city, county, LUD or its historic preservation commission undertake any of the following activities in 2009? Please think broadly about this question and include any activity (small or large) that facilitated historic preservation in your community.

a. Historic preservation planning. Examples include the development or revision of an preservation plan, development of a work plan for your commission, etc. (use additional pages if needed) N/A

b. Provided technical assistance on historic preservation issues or projects. Examples include working with individual homeowners, business owners, institutions to identify appropriate treatments and find appropriate materials, research advice, etc. (use additional pages if needed) **The Commission provided a non-regulatory review of streetscape enhancements to be located in public rights-of-way in and around the South Main area (but outside of the Commercial Haymarket Historic District) related to the rehabilitation of the International Harvester Building for the 'Artspace' project. The Community Development Department of the City made the request. Prior to the design of the project Commissioners assisted by locating photographs of original street lighting fixtures in the area.**

c. Undertook educational programming in historic preservation. Examples include training sessions offered to the public, walking tours, open houses, lectures, Preservation Month activities, etc. (use additional pages if needed) **2009 Preservation Month Activities included a Mayoral Proclamation for Preservation Month. The annual preservation award was presented to the property owner of 506 South Main Street located in the Historic Haymarket Commercial District. The building underwent extensive rehabilitation/renovation. A reception was held at the award presentation in**

the 'Haymarket Triangle' adjacent to the property. The property was available to the public for a tour of the renovated space. The award presentation included display of the rehabilitation plan and before and after photos. Remarks were provided by Mayor Hanafan, the Chair of the Historic Preservation Commission and the property owner. The event was well attended by the public, the media and City officials.

6. If the city or county amended its historic preservation ordinance or resolution or passed additional ordinances or resolutions that impact historic properties, please attach copies of the amendments and new ordinances or resolutions. **N/A**

7. If new or revised design standards and/or guidelines were developed and adopted during 2009, please attach a copy. **N/A**

8. Are there any particular issues, challenges, and/or successes your preservation commission has encountered or accomplished this year? **None**

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### Section III Historic Preservation Program Administration

- The CLG will organize and maintain a historic preservation commission, which must meet at least three times per year.
- The commission will be composed of community members with a demonstrated positive interest in historic preservation, or closely related fields, to the extent available in the community.
- The commission will comply with Iowa Code Chapter 21 in its operations.
- Commission members will participate in state sponsored or approved historic preservation training activities.

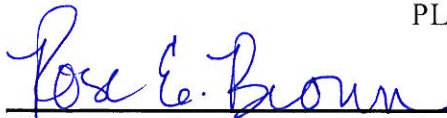
10. List dates of meetings held. **January 7, 2009, April 1, 2009, May 6, 2009, June 3, 2009, July 1, 2009, August 2, 2009, September 2, 2009, November 4, 2009.**

11. Please update the attached CLG Personnel Information Table.  
**See attached.**

12. Please attach biographical sketches or resumes of commissioners who were newly appointed in 2009. **N/A**

13. Please complete the 2009 Commission Training Table. **See Attached.**

PLEASE SIGN and DATE



3/4/2010

*Signature of person who completed this report*

*Date*



3-4-2010

*Signature of Mayor or Chairman of the Board of Supervisors*

*Date*

IF SUBMITTING ELECTRONICALLY, MAIL ONE (1) HARD COPY OF THIS SIGNATURE PAGE.

IF SUBMITTING PAPER/HARD COPY, MAIL ONE (1) HARD COPY OF THE REPORT.

Paula A. Mohr  
State Historical Society of Iowa  
600 East Locust St,  
Des Moines IA 50319-0290  
[Paula.mohr@iowa.gov](mailto:Paula.mohr@iowa.gov)

## 2009 Historic Preservation Training Table

In this table, provide information about the commissioners' involvement in historic preservation training, listing the name of the conference, workshop or meeting (including on-line training opportunities); the sponsoring organization; the location and date when the training occurred. Be sure to provide the names of commissioners, staff, and elected officials who attended.

Name of Training Session: **'Houses with Stories: History we Live in' - Lecture**  
Sponsoring organization: **Council Bluffs Historic Preservation Alliance**  
Location: **Council Bluffs Public Library, 400 Willow Avenue, Council Bluffs, IA**  
Date: **7/15/2009**  
Names of historic preservation commissioners, staff and elected officials who attended:  
**Cal Petersen, Phyllis Otto, Roxanne Johnson**

Name of Training Session:  
Sponsoring organization:  
Location:  
Date:  
Names of historic preservation commissioners, staff and elected officials who attended:

Name of Training Session:  
Sponsoring organization:  
Location:  
Date:  
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Sponsoring organization:  
Location:  
Date:  
Names of historic preservation commissioners, staff and elected officials who attended:

## 2009-2010 CLG Personnel Table

A. Please list the names of the Historic Preservation Commissioners who served during 2009: Cal Petersen, Phyllis Otto, Roxanne Johnson, Alisa Roth, Matt Johnson, Sally Madsen and Beth Lindquist.

### B. CHIEF ELECTED OFFICIAL 2009

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees: Mayor  
Mr. Mrs. Ms. Dr. Mr.

First Name: Thomas

Initial: P.

Last Name: Hanafan

### CHIEF ELECTED OFFICIAL 2010

Name of Mayor, Chairman of Board of Supervisors, President of LUD Trustees: same as above

Mr. Mrs. Ms. Dr. **Same as above**

First Name:

Initial:

Last Name:

### C. STAFF PERSON FOR THE HISTORIC PRESERVATION COMMISSION

Mr. Mrs. Ms. Dr. Mrs.

First Name: Rose

Initial: E.

Last Name: Brown

Job Title: Urban Planner

Mailing Address: 209 Pearl Street, Council Bluffs, IA 51503

Phone Number: 712-328-4629

Email Address: rbrown@councilbluffs-ia.gov

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle **Yes** No

### 2010 HISTORIC PRESERVATION COMMISSION:

Please complete the following and provide information about the 2010 commission. Be sure to indicate how the individual wishes to be addressed (Mr., Mrs., Ms., Dr.). Please provide a work (circle W) or a home (circle H) mailing address, work (circle W) or a home (circle H) phone number and work (circle W) or a home (circle H) email address. Please provide new or updated information on past and present: profession, employment, training, preservation skills including ownership of a historic property (Past or present:

profession/employment, preservation skills, historic property owner). If the commissioner represents a locally designated district, provide the name of the district (Representative, Name of Historic District). Specify the month, day, and year that the commissioner's term will end (Term Ends). If a commission member serves as contact with the State Historic Preservation Office for the Commission, please mark the check off box below that individual's name.

**CHAIRPERSON/COMMISSIONER**

First Name Beth

Initial

Last Name: Lindquist

Mailing Address: 105 Applewood Court, Council Bluffs, IA 51503

Home Phone Number: 712-323-7641

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:    Month   Dec   Day   31                      Year   2010

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission.   Circle                      Yes                      No x

**VICE CHAIRPERSON/COMMISSIONER**

First Name Alisa

Initial

Last Name: Roth

Mailing Address: 138 West Broadway, Council Bluffs, IA 51503

Home Phone Number:

Work Phone Number: 712-256-3156

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:  
Business owner located in the 100 Block of West Broadway Historic District

Representative, Name of Historic District:

Term Ends:    Month   Dec   Day   31                      Year   2010

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No x

**COMMISSIONER**

Mr. Mrs. Ms. Dr. Mrs.

First Name Roxanne

Initial

Last Name: Johnson

Mailing Address: 2025 Hunt Avenue, Council Bluffs, IA 51503

Home Phone Number:

Work Phone Number: 712-322-1673

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:  
Council Bluffs Fire Marshall, Retired

Representative, Name of Historic District:

Term Ends: Month Dec Day 31 Year 2011

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No x

**COMMISSIONER**

First Name Calvin

Initial

Last Name: Petersen

Mailing Address: 20 Circle Drive, Council Bluffs, IA 51503

Home Phone Number: 712-328-0321

Work Phone Number:

Email Address: calvin-karen@hotmail.com

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends: Month Dec. Day 31 Year 2012

Please indicate if this person serves as the Contact with the State Historic Preservation Office for the Commission. Circle Yes No x

**COMMISSIONER**

First Name Matt

Initial

Last Name: Johnson

Mailing Address: 114 West Broadway, Council Bluffs, IA 51503

Home Phone Number:

Work Phone Number: 712-322-0306

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Business owner, historic property owner: 100 Block of West Broadway district

Representative, Name of Historic District:

Term Ends:    Month   Dec   Day 31                      Year 2011

Please indicate if this person serves as the Contact with the State Historic Preservation

Office for the Commission.   Circle                                      Yes                                      No x

**COMMISSIONER**

First Name Sally

Initial

Last Name: Madsen

Mailing Address: 534 Oakland Avenue, Council Bluffs, IA 51503

Home Phone Number: 712-322-0235

Work Phone Number:

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Historic property owner: Lincoln Fairview Historic District

Representative, Name of Historic District:

Term Ends:    Month   Dec   Day 31                                      Year 2011

Please indicate if this person serves as the Contact with the State Historic Preservation

Office for the Commission.   Circle                                      Yes                                      No x

**COMMISSIONER**

First Name Phyllis

Initial

Last Name: Otto

Mailing Address: 468 Elmwood Drive, Council Bluffs, IA 51503

Home Phone Number:

Work Phone Number: 712-328-3133

Email Address:

Past or Present profession/employment, preservation skills, historic property owner:

Representative, Name of Historic District:

Term Ends:   Month   Dec   Day   31                      Year 2012

Please indicate if this person serves as the Contact with the State Historic Preservation  
Office for the Commission.   Circle                      Yes                      No x